PLACE OF BUILTH				X.1
1. County of Gila	ARIZO	ONA STATE BOA	RD OF HEALT	ս ∀։
District of		JIM OTATE BOA		
<b>V</b>	BUREAU OF VITAL STATISTICS		State Index No. 14	7
Town of	ORIGINAL CEI	RTIFICATE OF BIRTH	County Registrar No.	
or Cloke			Local Registrar No.	108
City of	(If hirth occurred in	a hospital or institution, give	_	
2. Full name of child Rose Mary		a mapped of matterion, give	i If child is not wat	and number)
3. Sex of Child			j If child is not yet supplemental report	, as directed.
To be answered ONIA	. Iwin, triplet of	r other	Date OAS T	2.
female births.	5. No., in order o	birth	of birth Month day	Y YEAR
8. PATHER	_	14. Y	MOTHER	
Fuil name	. 91	Ful! maiden name aun	0.115	
ames mawe	gomeon		a Kuth Man	enny
9. Residence (Usual place of abode)	40	15. Residence (Usual place of ab	ada alole	Y
If nonresident, give place and state	aris.	If nonresident, give pl	<i>-</i> /	
10. Color or race	<u>8</u>	16. Color or race	and agree 3000	<del>}</del>
1. 1.4	20	<i>p</i> .	•	<u> </u>
11. Age at last	birthday 39 (Yes	18) While 1	7. Age at last birthday=2	(Years)
12. Birthplace (city or place) Logar	Cita		Polesta	1.0
(State or country)	7/	li .	ace) 100000	
i3. Occupation	~ <u>/</u>	(State or country)	alsta	ua
Nature of industry Electrical		19. Occupation		
alectric	au	Nature of industry 2	4	
20. Number of children of this mother i is	) Born aliza and no-	living 4 21. Were pr	ousewife.	
(Taken as of time of birth of child herein [ (t	) Born alive but now	dead 21 thaimin	ecautions taken against oph neonatorum?	<b>-</b>
territied and including this child.)	) Stillbern		yes	<u>*                                     </u>
CERTIFICA  hereby certify that I attended the birth of	TE OF ATTENDI	IG PHYSICIAN OR MIDV	VIFE:	
hereby certify that I attended the birth of	IALS CRIIG, WHO WALL	forn alive examillarin.)	if	pers stated,
When there was no attending physician of midwife, then the father, householder	r)	CANTIL	• • • • •	
When there was no attending physician of midwife, then the father, householder, etc. about make this return. A stillborn chill sone that neither breathes nor shows other wideness of life after him.	d)		(Physician or midwife)	
iven name added from	/ Address	globe o	aris.	
supplemental report	Filed _	yu ( DU 125	W. W. Hons	7
Month, day, year.		V	Local Regio	itar.
Registrar.	Filal.		*	

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